PART B - FEE(S) TRANSMITTAL

| AUG | 0 7 2006 | ith applicable | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571)-273-2885 | | | | |
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| 08791 7590 05/12/2006 BLAKELY SOKOLOFF TAYLOR & ZAFMAN 12400 WILSHIRE BOULEVARD SEVENTH FLOOR | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| LOS ANGELES, CA 90025-1030 | | | | Samuel G. Campbell III (Depositor's name) | | | |
| | | | | Mhyladia | | (Signature) | |
| | | | | | 8/1/06 (Date | | |
| APPLICATION NO. | FILING DATE | FIRST NAMED INVE | | ENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/883,776 | 06/18/2001 | Pavitra Subramaniam | | | XXXXXXXXX OICO |)111US 2438 | |
| TITLE OF INVENTION: M | IETHOD, APPARATUS, A | ND SYSTEM FOR | REMOTE CLIEN | T SEARCH INDEXING | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 |) | \$0 | \$1400 | 08/14/2006 | |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | | |
| LU, KUEN S | | 2167 | | 707-101000 | | | |
| Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PRIN | | | | | | | |
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| | | | | RESIDENCE: (CITY and STATE OR COUNTRY) San Mateo, California | | | |
| Please check the appropriate assignce category or categories (will not be printed on the patent): | | | | | | | |
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| 5. Change in Entity Status a. Applicant claims Si | (from status indicated above | , | _ | | LL ENTITY status. See 37 C | | |
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| Authorized Signature | | | | Date 8/1/10 | | | |
| Typed or printed name Samuel G. Campbell III | | | | Registration N | | | |
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